

FREEDOM OF INFORMATION ACT/PRIVACY ACT AND ROUTINE USE REQUEST FORM

Type of Request (please check)

Commanding General
Attn: Director Manpower (FOIA Coordinator)
PSC Box 20004
Marine Corps Base
Camp Lejeune, NC 28542-0004

- ☐ FOIA (Individual/ attorney/Insurance Company for 1st party)
- ☐ PA (Personal information directly from the individual)
- ☐ Routine Use (Individuals involved in base incidents, their Insurance Company, and/or attorney for adjudicating a claim (personal injury, traffic accident, or other damage to property))

Date of Request: _____ FOIA/PA/Routine # _____

I would like to submit a request under the Freedom of Information Act/Privacy Act and/or Routine Use. I am willing to pay the fees associated with processing my request. The following information is provided.

Type of information requested: _____

(accident/theft report, contract information, etc...)

Client or Insured Individual's Name: _____ SSN: _____

Names of persons involved: _____

Date of incident: _____

Location of incident: _____

Please print your address:

Name: _____

Street Address: _____

City, State, Zip Code: _____

Do you want to pick up the report or have it mailed to you? PICK UP MAILED

(Requester's Name (PRINT))

(Phone Number)

(Signature of Requester)

PLEASE NOTE: This office has twenty (20) working days in which to provide you a response. Depending on current workloads, information requested, dates and/or accidents etc.... the response time may vary.

"FOR OFFICIAL USE ONLY – PRIVACY ACT SENSITIVE"

Any misuse or unauthorized release of personal information could result in both civil and criminal penalties.

You may return this request by faxing it back at (910) 451-1265